MARGIN RESERVED FOR BINDING

PHYSICIANS should state ECO.D. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.

| STATE OF MARVI AND CER | TIFICATE OF DEATH 10230 |
|------------------------|---------------------------|
| DEATH | TIFICATE OF DEATH 10230 |
| Danhala | Pagietration Diet No. 116 |

| 1. PLACE OF DEATH | <u> </u> |
|---|---|
| County Doubsta | Registration Dist. No. 116 |
| Village or City Cambridge Md. P. 7 | No./ St., Ward |
| V / / . | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds. |
| 2. FULL NAME Thomas & Bars | |
| | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| male I White I married | (Month) (Day) (Year) |
| 5a. If marriad, widowad, or divorcad HUSBAND of | 220 LA HEREBY CERTIFY. That Lattended deceased-from |
| (or) WIFE of June Motar | march 9, 136, to Oct 9, 156 |
| 6. DATE OF BIRTH (month, day, and year) Pulsile 1 | I last saw h AM alive on Oct 9 , 19 36; daath is said |
| 7. AGE Yaars Months Days If LESS than 1 day | to have occurred on the data stated above, et |
| 14 9 2 4 ormin. | The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance ware as follows: Date of onset |
| Trada, profassion, or particular kind of work dona, as SPINNER, | arleres Seleroso 2 |
| SAWYER, BOOKKEEPER, atc. | |
| Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacaased last worked at this occupation (month and | κ' |
| 11. Total time (years) this occupation (month and | |
| year) occupation occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Seule gangrene Spt 16/93 |
| (Stata or country) For. Go. | gest fort |
| 13. NAME 14. BIRTHPLACE (city or town) Durchatu Co: | |
| 14. BIRTHPLACE (city or town) | Name of operation Data of Data of |
| | What tast confirmed diagnosis? What tast confirmed diagnosis? What tast confirmed diagnosis? What tast confirmed diagnosis? |
| H T | 23. If daath wes due to external causes (VIOL ENCE) fill in also tha following: Accident, suicida, or homicida? 19 |
| State or country) | Where did injury occur? |
| many man basis Rametti | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 17. INFORMANT CAMPACTURE (Addrass) | / |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| Placa Cambridge MM Date LM 11, 1936 | Neture of injury |
| 19. UNDERTAKER trank E. Albargh | 24. Wes disease or injury In any way ralated to occupation of decaasad? |
| (Addrass) Cambra had | If so, specify |
| 20. FILED 10 - 10, 1936 Jolean June | (Signed) MM Samuel M. D. |
| Registar. | (Addrass) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephrltts | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage NOV 5 1936 | July 5,1927 | Peritonitis | 3 days ago | |
| BURGAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

(Address) _

Registras

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis NOV 5 1930 | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| il with AU v. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| | · S | TATE (| OF MAR | YLAND- | CERTIFICATE OF DEATH 10 | 292 |
|-------------------|--|----------------------------|---|--|--|------------------|
| 1. PI | LACE OF DEAT | TH | | | 45-8 | |
| C | county Dorch | ester | | | Registration Dist. No. II6 | |
| ٧ | illage or City_Ca | mbridge | R.F.D | Md. | NoSt., | Ward |
| " L | ength of residence in ci | ity or town where | death occurred7_ | 2_yrs,9_mos | death occurred in a hospital or institution, give its NAME instead of street and in | number) osds. |
| 2. F | ULL NAME JO | hn Robe | ert Burt | on. | If U. S. Veteran, specify WAR_NQ | ••••• |
| (| a) Residence: No | Cambrid | lge R.F. | D. Md. | St., Ward. If nonresident give city or town and | |
| - | PERSONAL AN | | | | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX | | R OR RACE | | RIED, WIDOWED, | 21. DATE OF DEATH | |
| Mal | e W | hite | OR DIVORCED | O (write tha word) | Ostober I2th (Month) (Day) | , 1936 (Year) |
| | rried, widowed, or divo SBAND of Mary WIFE of | | | | 22. I HEREBY CERTIFY, That I attended Option 1936 to Oct 12 Ulast saw h Maralive on 26 12 1936 | 1936 |
| 6. DATE 7. AGE | OF BIRTH (month, day | y, and year) T | 2/25/I86 Days | If LESS than | to have occurred on the date stated above, at 7 - 05P-mM | ; death is said |
| . AGE | 10015 | Months | | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| _ 8. | Trada, profession, or pa | articular | 17 | ormin. | were as follows: | Date of onset |
| O E | SAWYER, BDOKKEE Industry or business ir work was dona, as: SAW MILL, BANK, Date daceased last wo this occupation (mo year) | which SILK MILL, etc | Painte House 11. Total ti sper occu | ime (years) nt in this 30 spation 30 | Other Contributory Causes of Importance: | 1.9.2.1. |
| | HPLACE (city or town) State or country) | Dorche | ester Co | Md. | melastes in neck | 5 |
| 13. | NAME Wm H | Burto | 1. | | | y |
| 13. 1 | BIRTHPLACE (city or to (State or country) | own) Dorel | nester C | 0 | Name of operation from January Date of What test confirmed diagnosis? On the Was there and | 1931, |
| 15. 1 | MAIDEN NAME Hes | ter A. | Thomas. | | 23. If death was due to external causes (VIQL ENCE) fill in also the following | |
| 15. I | BIRTHPLACE (city or to (State or country) | own) Dore | hester C | 0., | Accident, suicide, or homicide? Date of Injury Where did Injury occur? | |
| (| RMANT Mrs. Ma Address) Cambr | idee R | Burton M | đ | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL | e) ACE. |
| 18. BURI | AL, CREMATION, DR F | REMOVAL | | 5/36 | Manner of injury | |
| 19. UNDI | ertaker Granv | | LeComp | | Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify | 207 |
| 20. FILE | 10-15 | 131 6 | John M | Registrer | (Signed) (Address) | M.D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5, 1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | 1 | | |
| | 1915 1921 July 5,1927 | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL SP | PACE FOR FURTHI | ER STATEMENTS | BY PHYSICIAN | |
|---------------|-----------------|---------------|--------------|--|
| | | | | |
| | | | 1 | |
| | | * | | |

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registre

Date of enset

Was there en eutopsy

V. S. No. 1

M

(Address)

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis VED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage 1936 | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| 1. PLACE OF DEATH | OF MAKILAND | CERTIFICATE OF DEA | 10294 |
|--|--|--|-----------------------------|
| County Darole | te WITHIN CORPORAT | Registration D | Dist. No. //6 |
| Village or City | (1 | No. I death occurred in a hospital or institution, give its NAME | St.,Wa |
| | | s,ds. How long In U.S. if of foreign birth? | yrsmos |
| 2. FULL NAME Societ | le 14 cellerade | If U. S. Veteran, specify WAR | |
| (a) Residence: No. 203 | (Usual place of abode) | St.,Ward. | rive city or town and State |
| PERSONAL AND STATIS | | MEDICAL CERTIFICATE | |
| S. SEX 4. COLOR OR RACE What | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | 3/27, 193 6 (Day) (Year) |
| ia. If married, widowed, or divorced HUSBAND of (or) WIFE of | Vinda Scharps | 2. HEREBA CERTIF | |
| | read working | There is here | van or 17 |
| DATE OF BIRTH (month, day, and year) | 414/190/ | Hast saw h alive on 9 | D TO TOWN |
| . AGE Years Months | Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at The PRINCIPAL PAUSE OF DEATH and related cause | es of importance |
| 7 0 | ormin. | were stollows. | Date of or |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Haterman | on in way to | |
| SAWYER, BOOKKEEPER, etc | | fund of other | 70 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Bont. | externally of | 2/ |
| 10. Date deceased last workad at this occupation (month and | 11. Total time (yaars) spent in this | distundly. | 6 |
| year) | occupation | Other Contributary Couses of Importance. | 65 |
| 2. BIRTHPLACE (city or town) | active "Ca | - Upm | 2 |
| (State or country) | 0 | - | |
| 13. NAME 14. BIRTHPLACE (city or town) | Cellecter | | 1 h |
| 14. BIRTHPLACE (city or town) | | Name of operation | Dateon |
| (State of country) | ne (P) | What test confirmed diagnosts - Alexander | Was the an autopsy? |
| 15. MAIDEN NAME Lettes 1. 16. BIRTHPLACE (city or town) | W. Verland | 23. If daath was due to external causes (VIOUENGE) fill | Malso the tollywing |
| 16. BIRTHPLACE (city or town) | andred | reident, suicide, or horiette | Take of injury |
| (Stata or country) | and the | Where did injury occur? | Otilos, |
| 7. INFORMANT MIS Mettes | III. Llage | Special whother mount occurred in INDUSTRY, in HO | ME, or in PUBLIC PLACE. |
| (Address) | my med | and par | ling ressel. |
| 8. BURIAL, CREMATION, OR REMOVAL | mes 10/21 W | Manner of injury | |
| Place | Date , 19 | Nature of injury | νh |
| 19, UNDERTAKER | carpt | 24. Was disease or injury in any way related to occupa | ation of deceased? |
| (Address) | Charles / Call | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Arteriosclerosis 1930 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1

| 1. | PLACE OF County Village or Ci | DEATH Donchester | | ORATE LIMITE & | Registration Dist. No | 10295 |
|------------|--|--|------------------------|---|---|------------------|
| | Length of resid | dence in city or town where | death occurred | yrs,mos | death occurred in a hospital or institution, give its NAME instead of street asds. How long in U.S. if of foreign birth?yrs, | .mosds |
| 2. | (a) Residence | | OV ash (Usual place | ce of (abode) | St., Ward. If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town is | |
| | PERSON. | AL AND STATIST | ICAL PART | TICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SE | × | 4. COLOR OR RACE | OR DIVORO | ARRIED, WIDOWED, CED (write the word) | 21. DATE OF DEATH (Month) (Qay) | , 193 (Year) |
| | married, widowe HUSBAND of (or) WIFE of | ed, or divorced | | | 22. I HEREBY CERTIFY, That I attend | ed deceased from |
| | | / | Est 3 | 1911 | , 19, to | |
| 6. DA | | month, day, and year) (| Days | If LESS then | I last saw h, 19, to have occurred on the dete stated ebove, atm. | ; death is san |
| 7. AG | st | Mbon | Days | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| OCCUPATION | kind of w SAWYER, 9. Industry or b work was SAW MILI 10. Date decease this occup | sion, or particular ork done, as SPINNER, BDOKKEEPER, etc pusiness in which done, as SILK MILL, L, BANK, etc d last worked at ation (month and | | I time (years) pent in this ccupation | | /0.3-3 |
| 12. B | IRTHPLACE (city (State or coun | | Endy. | | Dther Contributory Causes of importance: | |
| ER | 13. NAME & | lovery DX | Clair | | | |
| FATHER | 14. BIRTHPLACE | (city or town) | meluly | u | Neme of operation Oate o | |
| IL. | (State or | | my! | | What test confirmed diagnosis? Was there | |
| E - | 15. MAIDEN NAM 16. BIRTHPLACE (State or | (city or town) | the grant | uv L | 23. If death was due to externel causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Oete of injury Where did injury occur? | |
| 17. 11 | NFORMANT | manor (| myen Not 88 | <i>!</i> | (Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC | State) PLACE, |
| 18. B | Place D | IDN, OR REMOVAL | oate Oc | ×67,1936 | Manner of injury | |
| 19. U | NDERTAKER /(Address) | to the all | ge n | d | 24. Was disease or injury in eny way related to occupation of deceased? If so, specify | |
| 20 E | ILEO | 6 36 00 | lew 4 | naee) ge | (Signed) Carolle Steel Steel | M. |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| nple I | 3 11 6 | Example II | | |
|--|---|--|--|--|
| and related causes | Data of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| NOA 2 1220 | 1915 | Attack of epilepsy | 1 week ago | |
| | 5 - 1931 | Run over by street car | 1 week ago | |
| 101 327 JA11 | July5,1927 | Peritonitis | 3 days ago | |
| and the second s | | | | |
| importance: | | Other contributory causes of importance: | | |
| NAT THE REAL PROPERTY. | May 1,1923 | Gastroenteritis | 1 year | |
| X E THE | | | | |
| | and related causes NOV 5 1936 importance: | and related causes 1936 1915 1931 July 5, 1927 importance: | and related causes Data of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state CORD. Every item of infor-

Exact statement of OCCUPA-

| STATE OF MARVIAND | CERTIFICATE OF DEATH 10296 |
|--|--|
| 1. PLACE OF DEATH | CERTIFICATE OF DEATH 10230 |
| County Horchester . | Registration Dist. No. |
| Village or City near Phodes dal | |
| (If | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds, |
| 2. FULL NAME Stellborn | Cophas U.S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH O |
| OR DIVORCED (write the word) | Tree Oct 1 5 ,1936 |
| 5a. If merried, widowed, or divorced HUSBAND of | Still barn, (Month) (Day) (Year) |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attanded decaased from |
| (215-1936 | I last saw h alive on 19 daath is said |
| 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated abova, etm, |
| Itillborn 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| O Trade referein as postinutes | Date of onset |
| SAWYER, BOOKKEEPER, atc | |
| O I rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | |
| U 10 Date decessad tast worked et 11. Total tima (years) | |
| this occupation (month and spant in this occupation occupation | |
| 12. BIRTHPLACE (city or town) Rhode Lale | Other Contributory Canses of importance: |
| (State or country) md. | |
| 13. NAME It Illiam & Cephas | |
| 13. NAME It Illiam Hephas 14. BIRTHPLACE (city or town) Q | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there en autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If daath was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? |
| Office of Country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Charles A. Ceptale (Address) Physical Address (Address) | Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Vetersburg Date Oct 6, 1936 | Nature of injury |
| 19. UNDERTAKER Stapel Central | 24. Was diseasa or injury in any way related to occupation of dacaased? |
| (Address) Photostate | tf so, spacify |
| 20 FILED Oct 5 19 36 Chas 21 Hotel | (Signed) A Transcer M. D. |
| Registrar. | (Address) herelael led |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example | -11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis NOV 6 1936 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | 1 | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10297 |
|--|---|
| County Darchester | Registration Dist. No. 116 |
| Village or City Carnewille (IF | NOStWard death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds. |
| 1 | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (awrite the word) | 21. DATE OF DEATH-toller /8 , 193 6 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Service 5. 6. DATE OF BIRTH (month, day, and year) | 22. Of HEREBY CERTIFY. That I attended deceased from 19.36, to Oct 18. 19.36; death is said |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date steted above, at 2:40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset |
| Trade, profession, or particular kind of work done, as SPINNER, Well-like kind of work done, as SPINNER, Well-like kind of work done, as SPINNER, Well-like kind of work was done, as SILK MILL, SAW MILL, BANK, etc | Alule myoloideal 10-18-36 Failuge Alule Pulmonony Edeura 10-18-36 Other Contributory Causes of Importance: |
| 13. NAME alfred Cach 14. BIRTHPLACE (city or town) Sarchester Co (State or country) 15. MAIDEN NAME Kachering Spedde | Nama of operation |
| 15. MAIDEN NAME Kachering Stadde. 16. BIRTHPLACE (city or town) Parallel (State or country) 17. INFORMANT Mos Chas Wilson (Address) | Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Janus, Md. Date 10-20-, 1936 | Manner of injury |
| 19. UNDERTAKER Shamille don't 5 | 24. Was disease or injury in eny wey related to occupation of deceased? No |
| 20. FILED 10-19, 1936 Julie Mace Registra | (Signed) Wylie YV) +aw M.D. (Address) Cambridge, Wd. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week ag |
|---|
| Attack of epilepsy 1 week ag |
| |
| Run over by street car 1 week ag |
| 927 Peritonitis 3 days ag |
| Other contributory causes of importance: 923 Gastroenteritis 1 year |
| |

S. No. 1

N B.

| | 10298 |
|--|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Dowlest C | CERTIFICATE OF DEATH |
| | Registration Dist. No. 1/2 |
| Village or City Recent (No | St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Louis Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Geh. 9, 1994 (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I sttended the deceased from Neg 2 1976 to 6 9 1976, that I last saw h 2 alive on 6 9 1976 |
| 7 AGE If LESS than I day hrs. ds. or min.? | |
| 8 OCCUPATION (a) Trade, profession or | Figures teners / V terus |
| particular kind of work Hausewak | |
| (b) General nature of industry husiness, or establishment in | (Duration) 7 yrs mos ds. |
| 9 BIRTHPLACE (Ntate or country) Orcald Country | Contributory Secondary (Duration) yrs. mos. ds. |
| 10 NAME OF FATHER allan & Brakley | (Signed) Trade Janua M. D. |
| II BIRTHPLACE OF FATHER Z (State or country) | *St.te the Disrase Causing Death, or, in deaths from Violent Caus a, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER May Corper | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or country) (State or country) | ients or Recent Residents) At place In the of death, yrs |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Lack 9 Ceclley | Former or usual residence |
| (Address) Verrer Ruck | Vienna bernetry Och. 11 . 1.36. |
| 15 Filed Oct 10 19736 Elizabeth T. beg | H. Welloughy - for E. new market |
| If more banks are needed, address State Registra | r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1. |

K

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tircd 6 yrs). business, that fact may be indicated thus; Farmer (19) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Aever return 'Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of contion is very important, so that the relative health Statement of Occupation-Precise statement of ocespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation The ques-

spinal meningitis"; Diphtheria (avoid use of "Croup fever (the only defaite synonym is "Epidemic cerebro-Typhoid fever (nover report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS. EASE CAUSING DEATH (the primary affection with respect pneumania. Bronchopneumania ("Pneumonia,

1936

anavered in derail, it will prevent further correspondence. . the

permanently filed.

telanus) may be stated under the head of "contributory approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PJERPERAL septicaconia," "PUERPERAL perilonitis," clc. "Debility" ("Conge.ital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Wcakness," etc., when a definite disease American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. If this certificate is I oked over thoroughly and a l qu tions Recommendations on statement of cause of death stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitud nephritis, inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid Whoofring cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease affection need not be etc. The Always qualify all contributory

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

N. B.

CORD. Every item of infor-PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | 0 | () | 0 | 0 |
|---|---|----|---|---|
| 1 | U | 4 | U | 9 |

| 1. PLACE OF DEATH | , | 23 | 700 |
|---|--|---|--------------------------|
| County Darches | the MITHIN COMPORATE | Registration Dist. No. 11 | 6 |
| Village or City | death accurred 14 years 5 mag | No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrsm | |
| 0 | death occurred 5 5 yrs, 5 mios | | 0505. |
| 2. FULL NAME I seme | - Crimsia | If U. S. Veteran, specify WAR | |
| (a) Residence: No | (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ravite the word) | 21. DATE OF DEATH (Month) (Day) | , 193 4 (Yeer) |
| husband of (or) Wife of | | 22. I HEREBY CERTIFY That I attended | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 4 5 | Days If LESS than 1 day, hrs. 0 r min. | | _; death is said |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | | Ordmoney Inberevloui | 3-1-36 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | 11. Total time (years) spent in this | | - |
| 12. BIRTHPLACE (city or town)(State or country) | Andy Ones | Other Contributory Causes of Importance: | |
| 13. NAME Henry Le | ne | | - |
| 14. BIRTHPLACE (city or town) (State or country) | <u> </u> | Name of operation Date of | autopsy? |
| 15. MAIDEN NAME CLL 16. BIRTHPLACE (city or town) (State or country) | anish and | 23. If deeth wes due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMANT Shire St. 18. BURIAL, CREMATION, OR REMOVAL | Contrege | (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL | ACE. |
| Place Place | Date 10 - 15 ,1956 | Manner of Injury | |
| 19. UNDERTAKER LOUIS HOLO (Address) Camber of | iff nd | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILED 10-13 , 1936 D | The mace of , | (Signed) Chuldtein (Address) Em Tala St | M. D. |
| If mole | blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | -14 | Example II | |
|--|------------------|--|---------------|
| The principal cause of death and related caus of importance were as follows: | es Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S | 3. July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

TION is very important. See instructions on back of certificate.

| STATE | OF | MARYI | AND- | -CERTIFI | CATE | OF | DEAT | Н |
|-------|----|-------|-------|----------|------|----|------|---|
| JIAIL | | MANIE | AIYU. | CLIVIII | CAIL | | DLAI | 1 |

| 1 | L. PLACE OF | DEA | тн | | | 23 | | 10300 |
|------------|------------------------------------|--|----------------|-----------------------|-----------------------------|--|---------------------------------------|---------------------|
| | County | Doro | chester | | | | Registration Dist. No | 110 |
| | Village or Ci | ty_N_e | ear Hurl | ock | | No. | S | t Ward |
| | Length of wald | | 24 | 4 | 5 | death occurred in a hospital or institute | tion, give its NAME instead of street | et and number) |
| | | | | | | | CONTRACTOR STATE | as. |
| 2 | | | | Cornish | | If U. S. Veteran, | specify WAR | |
| | (a) Residence | e: No | Hurlock | Waryla (Usual place o | nd, R.F. | D. St., Ward. | If nonresident give city or tow | yn and State |
| 1000,000 | | | V | ICAL PARTIC | 100000 | A CONTRACTOR OF THE PARTY OF TH | ERTIFICATE OF DEAT | |
| 3. | SEX | 4. COLO | DR OR RACE | 5. SINGLE, MARK | | 21. DATE OF DEATH | | |
| F | emale | C | olored | or Divorced | (write the word) | Octobe | r 30, 1936 (Month) (Day) | , 193 (Year) |
| 5a. | . If married, widowe HUSBAND of | | | | | | | |
| | (or) WIFE of | Fr | ank Cor | nish | | 22. I HEREBY 8/15/1936 | CERTIFY That I att | ended deceased from |
| | | | A -m- | -17 76 | 1000 | I leet sow b | 011-74 | 9.34; death is said |
| _ | DATE OF BIRTH (I | | Months | ril 16. | 1900 If LESS than | to have occurred on the date state | | J. J. Geath is sard |
| | | 6 | 6 | 14 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEAT | 'H and related causes of importance | 8 |
| - | | | 1 " | 1 3.1 | ormin. | were as follows: | 2 | Date of onset |
| NO | kind of w | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | | 1 Longer | on our en | Sel-sel- |
| OCCUPATION | 9 Industry or h | 9 Industry or husiness in which | | | | saw Il. : 7 | levery ou our | 4 |
| D'S | | | SILK MILL, etc | Own ho | | Casadered ten | Convallacent | from |
| 0 | 10. Date decease this occup | ation (mo | anth and | 11. Total tir | ne (years) Lin this Life | Premione | - A | U |
| - | year) | <u> </u> | | | | Other Contributory Causes of impo | ortance: | |
| 12. | BIRTHPLACE (city | | Caro | line Cou | nty | | | |
| ~ | (State or coun | | Mary: | | | - | | |
| FATHER | 13. NAME | | Peter W | | | | | |
| FAT | 14. BIRTHPLACE | | town) Cal | roline Caryland | ounty | Name of operation | Dat | te of |
| _ | (State or | | | aryranu | | What test confirmed diagnosis? | Was the | re an autopsy? |
| MOTHER | 15. MATDEN NAM | 1E | Unknown | - | | 23. If death was due to external cau | | |
| MOT | 16. BIRTHPLACE (State or | | | Inknown | | | Date of injury | , 19 |
| | (State of | | | | | Where did injury occur? | (Specify city or town, county a | nd State) |
| 17. | . INFORMANT | EL | sie Can | non R.F.D | | Specify whether injury occurred in | n INDÚSTRY, in HOME, or in PUBL | IC PLACE. |
| 18. | . BURIAL, CREMATI | | | . R.F.D | • | Manner of injury | | |
| | PlaceHurl | | | Date NOV | 2,19.36 | | | |
| | | т | т 12 | | N | 24. Was disease or injury in any w | | |
| 19. | . UNDERTAKER (Address) | FA | deralsbu | nptom & Md. | 201 | If so, specify | ay related to occupation of decease | 5U : |
| | | | . 1 | | 121-6 | (Signed) | oger myer | Z M. D. |
| 20. | FILED MOSS | L, | 19.5 4 | Also. | Registrar. | (Address) 36 | Inloca ? | nel |
| - | | | | | | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | 11 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | TW- | |

certificate.

See instructions on back of

TION is very important.

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| Z | |
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| | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | . PLACE OF | DEA | тн | | | 10 | 301 |
|------------|--|---|------------------------------|---------------------|---|--|---------------|
| | County | Dor | chester. | | | Registration Dist. No. 110 | |
| | Village or Cit | v] | Near Hur | lock | * | No. St. | Ward |
| | | | | | (If | death occurred in a hospital or institution, give its NAME instead of street and nu. death occurred in a hospital or institution, give its NAME instead of street and nu. mos. mos. | mber) |
| | . FULL NAM | IF. | Doniel | Richer | ed Coullbon | urne If U. S. Veteran, specify WAR | |
| | | | | | | St., Ward. | |
| | (a) Residence | c. 110 | 1414Y-YAV-9 | (Usual place | of abode) | If nonresident give city or town and St | tale |
| | PERSONA | AL AN | ID STATISTI | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | sex Male | | White | OR DIVORCE | RIED, WIDOWED, D (write the word) 'I'led | 21. DATE OF DEATH October 29 (Month) (Day) | 193 6 (Year) |
| 5a. | If marriad, widowa HUSBAND of (or) WIFE of | | orced Martha E | 3. Coult | ourne | 22, I HEREBY CERTIFY, That I attended de March, 1936, to Oct 29 | ceased from |
| 6. | DATE OF BIRTH (n | nonth, da | y, and yaar) O | tober 8 | 1853 | I last saw h alive on 0 & 7 24, 19 36; | death is said |
| 7. | AGE Years | 3 | Months | Days | If LESS than I day,hrs. | to have occurred on the data stated above, at Q & m. | |
| | 83 | | 0 | 21 | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| OCCUPATION | 9. Industry or by work was SAW MILL | BODKKE usinass i done, as , BANK, i last wo | n which SILK MILL, etc | spe occi | WORK ime (years) nt in this Life upation Life | Othar Coutributory Causes of Importance: | |
| 12. | BIRTHPLACE (city (Stata or count | | Dorche Maryla | ester Co | unty | | |
| ER | 13. NAME | El | ijah Cou | lbourn | r | | ··· |
| FATHER | 14. BIRTHPLACE (| | | chester aryland | County | Name of operation Data of What tast confirmed diagnosis? Was there an au | topsy? |
| 프 | 15. MAIDEN NAM | E | | Peri | CY | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| MOTHER | 16. BIRTHPLACE (| | | cchester aryland | County | Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State) | |
| 17. | INFORMANT (Addrass) H | Thurl | omas Cou | lbourne R.F.I | <u>.</u> | Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE | E. |
| 18 | BURIAL, CREMATI | | | Data_NOV_ | . 1 ,19 36 | Mannar of Injury | |
| 19 | UNDERTAKER(Address) | J. Fed | J. Framı eralşbu | otom & S | Son yland | 24. Was disaasa or injury in any way related to occupation of daceasad? | 20-5 |
| 20. | FILED Oct 8 | , 0 | 1936 Che | us W He | Registrar. | (Signad) (Address) | M. D. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis NOV 6 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage BIICEAU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| Land to the same of the same o | 1) | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | 4-14-1 | | |
| | | | |

V. S. No. 1

PHYSICIANS should state COMD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 10302 |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County Dorchestes | Registration Dist. No. /// |
| Village or City The State of S | No. St Ward |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | mosds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mary Dullon | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 10 20 193 6 |
| a. If married, widowed, or divorced HUSBANO of | (Month) (Oay) (Year) |
| HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| DATE OF BIRTH (month, day, and year) Oct. 20, 1936 | Hast saw har alive on no live 19 ; death is said |
| . AGE Years Months Days If LESS ther | |
| 1 day,min. | ware as follows. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Dout sever, Ded glat Date of onest |
| SAWYER, BOOKKEEPER, etc | allend, chief still born |
| work was done, as SILK MILL, SAW MILL, BANK, etc | molber altended by suitewfle |
| 10. Date decessed last worked at this occupation (month and spent in this occupation cocupation | |
| | Other Coutributory Causes of importance: |
| (State or country) | |
| 13. NAME namays Autton. | |
| 14. BIRTHPLACE (city or town) | Neme of operation |
| (State or country) | What test confirmed diagnosis? Wes there en eutopsy? |
| 15. MAIDEN NAME Saraly Drown | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?Oete of injury |
| 7. INFORMANT Dorman Dullon (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Easte 17 eur Milosof act 20, 193 | |
| 9. UNDERTAKER Norman Dutton (Address) Hundrels mid | 24. Wes disease or injury in eny way releted to occupation of deceased? |
| 10. FILEO. Oct 20, 1936 - 7-8. Pasker Registrar. | (Signed) Moger My M. D. (Address) M. D. Janton Track |
| Acgura. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| -Example 1 | 1 | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis NOV 3 1994 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| | 16 | | |
| Other contributory causes of importance: | Obs. | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | Yang du |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | - GA:B |
|--|--|
| County Dorchester WITHIN CORPOR | Registration Dist. No. |
| Village or City Cambridge | No. X St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. |
| 4 | If U. S. Veteran, specify WAR |
| 110000 | St., 2 Ward. |
| (Would place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male Caland . Mindow | 21. DATE OF DEATH (Month) (Bay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of Core Electron | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | i last saw h_ alive on |
| 7. AGE , Years Months Days If LESS than | to have occurred on the date stated above, at 3m. |
| 60 unknown or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Labour | Cerebral Embolism Phelmen |
| 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| | |
| year) occupation occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME Donald fastille | |
| 14. BIRTHPLACE (city or town) mod | Name of operation Oate of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME annil James | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| | Accident, suicide, or homicide? |
| (State of country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT (Address) 5 Dugles Carabings | Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMOTION, OR REMOVAL | Manner of injury |
| Piace Delice Control 31, 19.30 | Nature of Injury |
| 19. UNDERTAKER Le My & HO3 agner | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Canbludge nd | If so, specify |
| 20. FILEO 10-30, 136 John mare of, | (Signed) M. O (Address) 24.2 Valla Carry Market |
| V I | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |
| | County Village or City Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. 2. B. S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (grine the word) 53. If married, widowed, or divorced thus and of work done, as SPINNER, SAWYER, BOOKKEEPER, etc |

. . .

MARGIN RESERVED FOR BINDING

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | Į. | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
|--|--|
| | |
| | |
| | |
| o', | |
| | |
| * | |

| 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH | 304 |
|-----------|---|---|---|
| 1 | . PLACE OF DEATH | - 03 /20 | |
| | County Horclester MITHUN OF | Registration Dist. No. //6 | |
| | Village or City Combridge | No. 300 Chopfank are St. 1 | Ward |
| | | death occurred in a hospital or institution, give its NAME instead of street and numb | er) |
| | FULL NAME DUSAN Cymus Green | - 11 | |
| | (a) Residence: No. 300 Choptant | U. S. Veteran, specify WAR | |
| | (Usual plage of abode) | If nonresident give city or town and State | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| / | Jewele Wile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 0 19 (Month) (Day) 193 | (Year) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of A. Dothern Treemod | 22. I HEREBY CERTIFY, Thet I attended dece | ased from |
| 6. 1 | DATE OF BIRTH (wonth, day, and year) | Hast saw has alive on Ref. 12 1986 da | oth is said |
| | AGE Years Months Days If LESS than | to have occurred on the dete stated ebove, et /- 32 th.m. | J. (1 1 3 3 4 1 4 |
| | 68 9 23 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence wara as follows: | te of onset |
| LION | 8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Journal | Esteritis | 21,19 |
| CCUPATION | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | | |
| Ö | 10. Date decessed last worked et this occupation (month end year) occupation | | |
| 12. | BIRTHPLACE (city or town) Courbined T. For (State or country) | Other Contributory Causes of importance: | |
| œ. | 13. NAME Holm Wheatley | | |
| FATHER | 0 200 | Name of acception | |
| F | 14. BIRTHPLACE (city or town) (State or country) | Neme of operetion Date of What test confirmed diagnosis? Was there an autop: | ev7 |
| TER. | 15. MAIDEN NAME Heirietta Talmer | 23. If death was due to external causes (VIOLENCE) fill in also the following: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| MOTHE | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury | 19 |
| 2 | (State or country) | Where did Injury occur? (Specify city or town, county and State) | |
| 17. | INFORMANT Mrs. J. William Howard (Address) 300 Clop Hankleye Camb | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. | Place and respond to the state of the state | Menner of injury | |
| 19. | UNDERTAKER Fewneth R. Thomas, (Address) Combudae Jud | 24. Was diseesa or injury In any wey related to occupation of deceesad? | > |
| 20. | FILED 10-20, 136 7 sless word | (Signed) P. 15. Carrella (Address) Carrella day on | Ø |
| | 40 | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | - |

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|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributes of in- | | Other contributory gauges of importance | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS should state

of OCCUPA-

Exact statement

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 7 (1) 2 (| 1 2 4 |
|-----------|-------|
| | 8 .) |
| 1030 | 111 |

| 1. PLACE OF DEATH | |
|--|--|
| County Dorchester LIMIN CORPORATE L | Registration Dist. No. II6 |
| Village or City Cambridge, Md. | NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | _mosds. How long in U.S. if of foreign birth?yrsmosds. |
| | If U. S. Veteran, specify WARNO |
| (a) Residence: No. Locust St. (Usual place of abode) | St., I Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work Married) | 21. DATE OF DEATH October 16th, 1936 (Year) |
| . If married, widowed, or divorced HUSBAND of Myrtle Templemen | 22. 1 HEREBY CERTIFY, That I attended deceased from 15, 1936, to 0 ct 16, 1936 |
| DATE OF BIRTH (month, day, end year) 4/22/I88I | I last saw hair alive on Oct 15 , 1936; death is said |
| AGE Years Months Days If LESS to 1 day, | hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Minister 9. Nadustry or business in which work was done, as SILK MILL, Zion M.E. Church SAW MILL, BANK, etc. 7. 10. Date deceased last worked at 11. Total time (years) spent in this 1 in this pecunation (month and out 17. 17. 18. | Hyperlans Cardin 183 |
| this occupation (month and 8/I/36 spent in this Line occupation Spent in this Line occupat | Other Contributory Causes of importence: Other Contributory Causes of importence: |
| 13. NAME Davis Harris | |
| 13. NAME Davis Harris 14. BIRTHPLACE (city or town) (State or country) Whales | What test confirmed diagnosis? Chimical Was there an autopsy? We |
| 15. MAIDEN NAME Sara Harris 16. BIRTHPLACE (city or town) (State or country) Whales V. INFORMANT Mrs. W. C. Harris (Address) Cambridge, Md. | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| B. BURIAL, CREMATION, OR REMOVAL Date IO. 18.36,19 | Manner of Injury |
| 9. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Maryland. 0. FILED Of 171, 1936 Registre | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 1936 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
|------------|------------------------|----------------------------|--------|
| | | | |
| ADDI | TIONAL SPACE FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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PHYSICIANS should state CORD. Every item of infor-Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. AGE should be AUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TYON is very important. N. B.-WRITE PLAINLY,

LARGIN RESERVED FOR BINDING

| 1. PLACE OF DEAT | гн | 1 1/1//// | |
|--|--------------------------|------------------|------------------------------|
| County Dorche | ester | WITHIN | CORPORATE LI |
| Villagi or City C | | | |
| | | | (1 |
| Length of residence in cit | | | |
| 2. FULL NAME | | | <u>y</u> • |
| (a) Residence: No | Crapo, | (Usual place | |
| PERSONAL AN | D STATISTI | | |
| | R OR RACE | 5. SINGLE, MAR | RIED, WIDOWED, |
| Female Wh: | ite | Marrie | D (write the word) |
| a. If married, widowed, or divo | rced | | |
| (or) WIFE of R. P. | inkney | Insley. | |
| 5. DATE OF BIRTH (month, day | and year) I | 1/22/18 | 73 |
| 7. AGE Years | Months | Days | If LESS than |
| 62 | II | 2 | 1 day,hrs. |
| 8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE | articular as SPINNER, | House | Wife |
| 9. Industry or business In work was done, as S | | Hom | е |
| 10. Date deceased last wor this occupation (more | ked at nth and 7/I5 | /36 11. Total t | ime (years) nt in this 37 |
| , | | | apation |
| 12. BIRTHPLACE (city or town). (State or country) | rcheste | r Co. | Md. |
| | | | |
| | 10 | ton, | |
| (State of country) | Talbot | Co., M | |
| 15. MAIDEN NAME Sa | rah P. | Meredit | h. |
| 15. MAIDEN NAME Said | Wn) Buck | town. ter Co. | . Mđ. |
| 17. INFORMANT Mrs W | | | |
| (Address) U&MD | riage, | IVL CL • | |
| 18. BURIAL, CREMATION, OR R Place Cambrid | ge, Md. | Date IO/ | 25/36 _{fg} |
| 19. UNDERTAKER Gran | ville S, | LeCom | ote. |
| (Address) OB.III | bridge, | marylar | 10. |
| 20. FILED 10 - 25 | 19-6-6 | m m | ace X. |

| 178 6F | Registration Dist. No. II6 | |
|---|---|---------------|
| | St., St., St., give its NAME instead of street and n foreign birth? yrs. mo | |
| If U. S. Veteran, | specify WAR No | |
| St., X Ward. | If nonresident give city or town and | State |
| MEDICAL CE | ERTIFICATE OF DEATH | |
| 21. DATE OF DEATH | | |
| | October 24th (Month) (Day) | (Year) |
| 22. I HEREBY last saw harmalive on to have occurred on the date state. | CERTIFY, That I attended 1926, to 7 7 0 1936 d above, a 2 • 30A • mM • | deceased from |
| | H and related causes of importance | |
| Wele as follows. | Beigenoma | Date of onset |
| Other Contributory Canage of Impo | rtance: | |
| tomper with | | n. R |
| H O A | <i>U</i> | - Car |
| weeksted | | Maden |
| Name of operation | Date of | |
| What test confirmed diagnosis? | Was there an a | utopsy? |
| Accident, suicide, or homicide? | ses (VIOLENCE) fill in also the following Date of injury (Specify city or town, county and State in INDUSTRY, in HOME, or in PUBLIC PLA | , 19 |
| Manner of Injury | | |
| Nature of Injury | | |
| 24. Was disease or injury in eny w | ay related to occupation of deceased? | es. |
| 1 7 7h 6 | messes . | M. D. |
| (Signed) | Pro Do Me D | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| N. S. SAU | | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | 2 | |
| | | | |

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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S. No.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs._____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR. (a) Residence (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21, DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) Married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Days Months If LESS then to have occurred on the date stated ebove, et 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or____min. were as follows Date of snset 8. Trade, profession, or particular PATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... occui 10. Date deceased last worked at 11. Total time (years) spent in this s arem this occupation (month and occupation _ 12. BIRTHPLACE (city or tow (State or country) FATHER 14. BIRTHPLACE (city or to Name of operation. (State or country) What test confirmed diegnosis? Was there en autopsy?_. MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?_______ Date of injury________, 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION. OR REMOV Menner of injury Nature of injury____ 24. Was diseese or injury in eny way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed). Registrer. (Address)

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance? | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | |

| infor- | state |
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| tem of | should |
| O.D. Every | HYSICIANS |
| | - |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MICORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state |
| IS A | stated |
| HIS | pe |
| NK-TI | pluods |
| ING | AGE |
| UNFAD | supplied. |
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| PL | houle |
| -WRITE | mation s |

statement of OCCUPA-

Exact

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

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| - | 13 | 3 | 11 | O |

| 1. PLACE OF DEATH | 97) |
|---|--|
| County Dorchester | Registration Dist. No. II6 |
| Village or City | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if of foreign birth? 50 yrs. mos. ds. |
| 2. FULL NAME Theresa Johnson. | If U. S. Veteran, specify WARNo |
| (a) Residence: No. James, Md. (Usual place of abode) | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Nillowed) | |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Late James G. Johnson Sr. | 22. HEREBY CERTIFY, That I attended deceased from October 22 , 1936, to October 22 , 1936. |
| 6. DATE OF BIRTH (month, day, end year) 9/21/1854 | I last saw h alive on October 2 2, 1926; death is said |
| 7. AGE Years Months Days If LESS tha 1 day, | |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None | Serile arterio - Selevosio Celevosio |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | |
| 10. Pate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BfRTHPLACE (city or town) Holland. | Other Contributory Causes of importance: |
| 🖺 13. NAME Not Known | |
| 14. BIRTHPLACE (city or town) | |
| 15. MAIDEN NAME Not Known | 23, If death wes due to external causes (VIOL ENCE) fill In also the following: |
| 15. MAIDEN NAME Not Known 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Dete of injury, 19 |
| 17. INFORMANT Mr John G. Johnson, (Address) James, Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md. Date IO/27/36. | Manner of Injury Nature of injury |
| 19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md. | 24. Was disease or injury in any wey related to occupation of deceased? |
| 20. FILED 10-27, 1936 Calu mas of | (Signed) Lida O. merefille M. D. (Address) Cambrilge maryland |
| If more blanks are meeded address State Davis | N. Charles Carry B. Leiner |

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephratis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1838 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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|------------------|-----------|----------------------------|-------|
| ADDITIONAL SPACE | FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| ADDITIONAL SPACE | FOR FURTH | ER STATEMENTS BI PATSICIAN | |
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | A | 2 | 0 | 0 |
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| 1. PLACE OF DEATH | 10000 |
|--|--|
| County Down | Registration Dist. No. // 6 |
| Village or City Cambaly Ind. R. F. | St. Ward |
| (lf | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town whare death occurredyrsmos. | ds. How ag in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Thomas melin W | hancom IT O. S. Veteran, specify WAR |
| (a) Residence: No. Cambrelly hol. Q. a | 7. 19 3 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) | 21. DATE OF DEATH (Month) (Day) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of | (11) |
| (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, dev. end year) Aurila 14 1931 | 19 6, to Col 2 9, 19 15 |
| 6. DATE OF BIRTH (month, dey, end year) 7. AGE Yaars Months Devs If LESS then | I last saw hammalive on the date stated above, at 9.55 Pm. |
| 2 A 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| S Trade profession or postimular | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | Contero - Colitar Cost 20 |
| kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or busingss In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this coveration (month and | |
| 10. Date deceased last worked at this occupation (month and yaar) | |
| Ca. 11. | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| A | |
| 14. BIRTHPLACE (city or town) Cample Lyc | Manage |
| (Stete or country) | Nama of operation Date of |
| | Whet test confirmed diagnosis? Cisaca Wes there an autopsy? |
| 15. MAIDEN NAME And Purche | 23. If deeth wes due to external causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accidant, suicide, or homicide? Date of injury, 19 |
| mad: 10 | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT White (Address) | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Totalin 1 till med Date Out 26 1936 | Nature of injury |
| 19. UNDERTAKER Frank E. albangh | 24. Wes disease or injury in eny way related to occupation of deceased? |
| (Address) Cambridge Mill | If so, specify |
| 20. FILED 10 - 26, 136 John Brace Of. Registrar. | (Signed) The file Music M. D. (Address) Suntrates |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2. / // |

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | 11 | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1936 V | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis NOV 5 1930 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory | causes of importance: | -2111 | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| infor- | state | UPA- | |
|---|--|--|--|
| n of i | plno | 000 | |
| iter | sh | Jo | |
| D. Every | SICIANS | tatement | |
| 6 | HX | t s | |
| Provide the | Y. P | Exac | |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IN CORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| PE | 田 | rly | ate. |
| A | ated | ope | tific. |
| SI S | st | pr. | cer |
| HIS | l be | pe / | to of |
| 1 | onlo | ma | bac |
| Z | Esl | t it | on |
| NG | AG] | tha | ions |
| ADI | d. | 3, 80 | ruct |
| NF | plie | erms | inst |
| DH | sui | in t | See |
| Y | ully | pla 1 | ıt. |
| Υ, Ψ | are | H in | rtar |
| Z | be c | TAE | mpo |
| LAI | plu | F DI | TION is very important. See instructions on back of certificate. |
| EP | sho | 3 01 | SVE |
| RIT | ion | USE | N |
| W | mat | CA | TIC |

TION is very important.

四 1 N. STATE OF MARYLAND—CERTIFICATE OF DEATH

| 10 | 22 | 17 |
|----|-----|------|
| 14 | 166 | a ha |

| I. PLAC | E OF DEATH | | | | |
|--|---|--------------------------|--|--|-------------------|
| Count | y Dorchester | | | Registration Dist. No. 111 | |
| Villag | e or City East New | .Market | | No. St., death occurred in a horpital or institution, give its NAME instead of street and | Ward |
| Length | of residence In city or town whe | re death occurred | yrsmos | death occurred in a norphat of institution, give its NAIVIE instead of street and | number) |
| 2. FULL | NAME Jaustwa | ay Jones | | If U. S. Veteran, specify WAR | |
| | | | | | |
| (a) N | esidence: No. | (Usual plac | e of abode) | If nonresident give city or town an | d State |
| PER | SONAL AND STATIS | STICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| male | 4. COLOR OR RACE | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH October 21 (Month) (Day) | , 193_6 (Year) |
| 5a. If married HUSBAN | , widowed, or divorced | | | | |
| (or) Wif | | | | 22. HEREBY CERTIFY, That I attended | |
| 4 DATE OF | DIBTH (month down and work) | Oct. 21, | 1936 | I last saw h alive on | |
| 7. AGE | Years Months | Days | If LESS than 1 day,hrs. | to have occurred on the date stated above, at | 23, 43311 10 3313 |
| 1 9 Trade | e, profession, or particular | | ormin. | were as follows: | Date of onset |
| 9. Indus w 10. Date | nd of work done, as SPINNER, AWYER, BOOKKEEPER, etc | | | | |
| 9. Indus | try or business in which ork was done, as SILK MILL, | | | | |
| S S | AW MILL, BANK, etc | | | | |
| | deceased last worked at ais occupation (month end | sp. | time (years) ent in this | | |
| | ear) | ` | cupation | Other Contributory Causes of Importance: | |
| | ACE (city or town) Eas | t New Mar | ket, | | |
| | 7 | Dorcheste | r vo. | | |
| 13. NAMI | | | 3 4 | | |
| 13. NAME 14. BIRTI | HPLACE (city or town) | Dorches | arket ter Co. | Name of operation Dete of_ | |
| | en name Della Sta | | | Whet test confirmed diagnosis? Was there an | |
| I | | | mlsot | 23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury | |
| | HPLACE (city or town)ES | Dorcheste | r Co. | Where did injury occur? | |
| | | | | (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P | ate) |
| 17. INFORMAI | NT | | | open, whether many occurred in repositor, in nome, or in rober of | |
| | CREMATION, OR REMOVAL | -10/20 | Hills Election | Manner of Injury | |
| Place. | | Dete | , 19 | Nature of injury | |
| 19. UNDERTA | KERess) | | | 24. Was disease or injury in any way related to occupation of deceased? | |
| | KLUISTRAN IIS HS HL | MALE 7/13 | ア) Registrar. | (Signed) N.E. Paulses MAD (Address) | |
| the state of the s | | The second second second | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | 1927 Peritonitis | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | DEC STATE | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
| | | | | | |

MARGIN RESERVED FOR BINDING

-WRITE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

10310

| I. PLACE OF DEATH | | J3.6 | |
|--|---|--|-------------------------------|
| County Boundeste | te a | Registration Dist. No. | o. // 0 |
| Village or City Zuear Pelle | oder dale | | St.,Ward |
| Length of residence in city optown where death of | | Teath occurred in a hospital or institution, give its NAME instead sds. How long in U.S. if of foreign birth?yr: | |
| 2. FULL NAME Salle | 2 d Jon | | |
| (a) Residence: No. New Ru | o Lessen mel (Usual place of abode) | St., Ward. | or town and State |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF | DEATH |
| | NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) | 21. DATE OF DEATH | 5 ,193 6 |
| 5a. If married, widowed, or divorced | 7,7,7,7,7,7 | (Month) (Da | y) (Year) |
| HUSBAND of Sylvesten | Jours. | 22. 1 HEREBY CERTIFY, That | l attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | 114 1863 | I last saw h alive on 10/14 CK | , 1936; death is said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, atm. | |
| 13 8 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of impowere as fellows | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | uncump | derte promong Bacco | llor) Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | |
| 1)001/ | Occupation | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | 2 | | |
| | 100 | | |
| 13. NAME Vanuel H 14. BIRTHPLACE (city or town) | ill | | |
| 14. BIRTHPLACE (city or town) | Q | Name of operation. | Date of |
| (State of country) | | What test confirmed diagnosis? W | as there an autopsy? |
| 15. MAIDEN NAME (Smelia) + | oyward | 23. If death was due to external causes (VIOLENCE) fill in also | |
| O 16. BIRTHPLACE (city or town) (State or country) | X A | Accident, suicide, or homicide? Date of in | jury, 19 |
| 17. INFORMANT Thomas It | rekens | Where did injury occur? (Specify city or town, conspecify whether Injury occurred in INDUSTRY, In HOME, or in | unty and State) PUBLIC PLACE. |
| 18. BURIAL, CREMATUN OR REMOVAL Place Pelers Viving Date | e Cet 18, 19 3 C | Manner of injury | |
| 19. UNDERTAKER To Bluelo (Address) Durlop | ug liby | 24. Was disease or injury in any way related to occupation of d | |
| 20. FILED OUT 18, 1936 hers) | Hustring | (Signed) A Rogermy | M. D. |
| | Registrar. | (Address) la Color | mil |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | 11 | Example II | |
|--|--------------|--|---------------------------|
| The principal cause of death and related confirmed importance were as follows: Arteriosclerosis | | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial neghritis | 1991 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage NOV 6 193 | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. | S. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | 0 | 2 | -1 | 1 | |
|---|---|---|----|----|--|
| 1 | U | U | I | 1. | |

| 1. PLACE OF DEATH | WITHIN CORPORATE | 92-0 | |
|---|---|--|---------------------------------|
| County Ourhister | | Registration Dist. | No. 116 |
| Village or City Cambuly | | No | St., Ward |
| Length of residence In city or town where dee | 3 0 | f death occurred in a hospital or institution, give its NAME inst sds. How long in U.S. if of foreIgn birth? | ead of street and number) |
| 2. FULL NAME | Lone | If U. S. Veteran, specify WAR | |
| (a) Residence: No. 0/34 M | (Usual place of abode) | St., Ward. If nonresident give | cily or town and State |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF | F DEATH |
| m col | OR DIVORCED (write the word) | 21. DATE OF DEATH | / O , 193 <u>C</u> (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months 2. Irede, profession, or perticuler kind of work done, as SPINNER, | Deys 1 LESS then 1 dey,hrs. ormin. | 1 HEREBY CERTIFY. 1 HEREBY CERTIFY. 1 I lest saw h and alive on Clatholic 1 to heve occurred on the dete steted above, et. 8:15. 6. The PRINCIPAL CAUSE OF DEATH and releted ceuses of were es follows: My My My My Mills - Mills | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupetion (month end 19 3 3 12. BIRTHPLACE (city or town) (Stete or country) | 11. Total time (yeers) spent in this occupetion | Officery Causes of importance: | Practite 1134 |
| 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) | ine disor | Name of operation | Dete of |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. W 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | (P) high my | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in a Accident, suicide, or homicide? Dete Where did injury occur? (Specify city or town Specify whether injury occurred In INDUSTRY, In HOME, | of injury, 19 |
| 18. BURIAL, CREMATION, OR REMOVAL Piece Management | Date 13 oct , 196 | Menner of injury | |
| 19. UNDERTAKER ZULLIS HOR (Address) | anghor | 24. Wes diseese or injury in eny way related to occupetion If so, specify (Signed) Wattlew | of deceased? |
| 20. FILED . 5 | Registrar. | (Address) Com They | 7 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10312 |
|--|---|
| 1. PLACE OF DEATH | Tan 900 & Dir. |
| County Largester - LAIN CORPORATE LIMIT | Registration Dist, Np. 116 |
| Village Dr City Cambridge | No. Cambrily M. Hoff St. Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Philip H. Kelly | If U. S. Veteran, specify WAR |
| (a) Residence: No. Secretary Md (Varial place of abode) Bol | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of HOTH ROLL OF THE STATE OF THE STA | 22. HEREBY CERTIFY, That I attended deceased from |
| Gus 14192 | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | l last saw h alive on |
| 34 2 usbuse kday,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profassion, or particular kind of work-done, as SPINNER Amusul fully SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and this occupation | num. Sithiatis (Bilated) ? |
| 10. Date deceased last worked at 11. Total tima (years) this occupation (month and 14 37 spant in this year) | Dther Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Colmand . (Stata or country) Michigan | Direct Community Country of Importance. |
| I 13. NAME Shilly Kelly | |
| 13. NAME Ally Ally 14. BIRTHPLACE (city of town) Sagurau (Stata or country) Wichiaan | Name of operation. Date of |
| | What tast confirmed diagnosis? |
| 15. MAIDEN NAME Mary Murch 16. BIRTHPLACE (city or town) St. Mary County (Stata or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida? |
| 17. INFORMANT Morf Ally Md (Addrass) Secretary Md | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Place of stangstow Date 10/20 36 | Manner of injury |
| 19. UNDERTAKER John & Duda f (Addrass 281) Frudson St | 24. Was disaase or injury in any way ralated to occupation of deceasad? WD |
| 20. FILED 10 - M , 1936 John Mace C/2. | (Signed) Calabrilge M. D. (Address) Calabrilge My |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 5 | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1112 |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH / / | |
|--|---|
| County Dorchester | Registration Dist. No. //6 |
| Village Dr City East Then Hacket | No. St., Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) 3. |
| 2. FULL NAME Vandola Lee | If U. S. Veteran, specify WAR |
| (a) Residence: Np. East Hew Marke (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (swrite the word) | 21. DATE OF DEATH: (Month) (Day) (Year) |
| 15 HUSBAND of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| (or) WIFE of | and warm and 19 |
| 6. DATE OF BIRTH (month, day, and year) 29 1936 | I last saw h alive on, 19; death is said |
| 7. AGE Years Months Deys If LESS than | to heve occurred on the date steted above, et. 4 i.em. |
| 3 29 1 day,hrs. | more as follows: |
| 8 Trade profession or particular | Date of onset 10-26-36 |
| kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month and | |
| D ID. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Baltinac | Other Contributory Causes of importance: |
| (State or country) | |
| 13. NAME MAKNAWA | |
| 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there en autopsy? |
| II 15. MAIDEN NAME Many | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDIERRY in HOME or in PUBLIC PLACE |
| 17. INFORMANT Leven Start (Address) East New World | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Place , Mate del 36, 19 | Nature of injury |
| 19. UNDERTAKER Lewis St. Bayerum | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Cambridge, dud | If so, specify |
| 20. FILED 10 - 30, 1936 John Mara Mr., Recipror. | (Signed) Can Com M. D. (Address) M. D. |

V. S. No. 1

Exact statement of OCCUPA.

stated EXACTLY.

properly classified.

certificate.

See instructions on back of

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

B

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| | Example II | |
|--|--|--|
| Date of onset | The principal eause of death and related causes of importance were as follows: Attack of enilepsy | Date of onset |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory eauses of importance: | |
| May 1,1923 | Gastrocnteritis | 1 year |
| m ug 1,1020 | · · | 1 |
| The same of the sa | 1915 - 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| ther contributory causes of importance: | | Other contributory eauses of importance: | |
|---|-------------|--|--------|
| | | | |
| llstones | May 1,1923 | Gastrocnteritis | 1 year |
| | | | |
| | | | |
| ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |

N. B.—WRITE PLAI

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE | OF DEATI | H | | | 2000 | |
|--------------------------------------|---|---------------------|--------------------|------------------------------------|--|-----------------|
| County | Doro | heater | | | Registration Dist. No. 110 | |
| Village or | city Fed | eralsb | urg, (C | ut-side) | NoSt., | Ward |
| Length of r | esidence in cily | or town where d | eath occurred | 3-hours (li | No. St., death occurred in a hospital or institution, give its NAME instead of street and death. How long in U.S. if of foreign birth? yrs. rr | number) |
| | | | | | If U. S. Veteran, specify WAR | |
| (a) Resid | lence: No. F | 'ederal | sburg. | Md. R.F. | D. St., Ward. If nonresident give city or town and | |
| | | | CAL PART | | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX Male | 4. COLOR | OR RACE | 5. SINGLE, MAI | RRIED, WIDOWED, D (write the word) | 21. DATE OF DEATH October, 23'' (Month) (Day) | . 193 6 |
| 5a. If married, wid HUSBAND of | lowed, or divorce | | DTI | 1819 | (Month) (Day) 22. IAHEREBY CERTIFY, That Lattended | (Year) |
| (or) WIFE of | | | | | Oct 23 1976 to Oct 23 | , 19 3 6 |
| 6. DATE OF BIRT | H (month, day, a | ind year) Au | gust 26 | 5" 1926 | | ; death is said |
| 7. AGE | Years | Months | Days | If LESS than 1 day,hrs. | to have occurred on the date stated above, at IQ-QQmA.M. | |
| 8. Trade, pre | IO pression, or parti | I | 27 | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: | Date of onset |
| NOTE SAWY 9. Industry of work SAWY | f work done, as ER, BOOKKEEPE | SPINNER, R, etcP | uhlic s | School | treatured Spull | Oct 23, 19; |
| 9. Industry of work | or business in w was done, as SIL WILL, BANK, etc | rhich K MILL, | Stud | d = | (accidental) | |
| D 10 Date dece | seed last works | d at | II Total | ime (veare) | | |
| this or year) | cupation (month | 22"I93 | 6- spe | nt in this yrg | | |
| 12. BIRTHPLACE (State or c | | Car | oline (| Co. Md. | Other Contributory Causes of Importance: | |
| 13. NAME | Fr | red Lin | eveaver | 1 | | |
| 4. | CE (city or town or country) | 1) | Virgir | nia. | Name of operation typical Jugas Was there an | autoneyllo |
| 15. MAIDEN | NAME | Ann | a Stum | 2. | 23. If death was due to external causes (VIOL ENCE) 6/1 in also the followin | |
| 6 16. BIRTHPLA | CE (city or town |)) | Virgin | nia. | Accident, suicide, or homicide? Accident Date of injury Colombia | 23,1936 |
| 17. INFORMANT | | | eweave | C | (Specify city of town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | LACE. |
| (Address) 18. BURIAL, CREM | ATION, OR REM | leralsb MOVAL | urg, Mo | i. R.F.D. | Manner of injury angular aproof and | |
| Place F.C. | derals | burg, Mc | LaDate Oct | . 25" , 19 36 | Nature of injury Fractice of should. | |
| 19. UNDERTAKER (Address) | J.J. Fed | Frampt | on & Sourg. Mo | on | 24. Was disease or injury in any way related to occupation of deceased? | nd |
| 20. FILED [1] | | 36 Ohu | shy | ustrugo Registral. | (Signed) Frank for Physics (Address) Federal ling, 1800 | е |
| | | If more l | blanks are needed, | address State Registrar, | 2412 N. Charles Street, Baltimore, Requesting V. S. No. V. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|---|---|---------------|--|------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis | I Sun to Sun dies | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis NOV 6 1936 | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 1101 12 2200 | July 5,1927 | Perilonitis | 3 days ago | |
| | BUREAU V. S. | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| dallstones | May 1,1923 | Gastroenteritis | 1 year |
|------------------|-------------|----------------------------|--------|
| ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| | | | |
| | | | |
| | | | |

AGE should be stated EXACTLY.

properly classified.

pe of

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

-WRITE

B.

certificate,

See instructions on back

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE O | F DEATH | | | 46.50 | 0315 |
|----------------------------|---|--------------------|-------------------------|---|---------------|
| | Dorchester | | CORPORATALIN | Registration Dist. No. II6 | |
| Village or (| city Cambridg | е | | No. X St., | Ward |
| Length of res | sidence in city or town where | death occurred | | f death occurred in a hospital or iostitution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm | |
| 2. FULL NA | | | | a If U. S. Veteran, specify WAR No. | |
| (a) Residen | nce: No. 207 M | uir Stre | | St., Ward. If nonresident give city or town and | I C |
| PERSON | NAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX | 4. COLOR OR RACE | | RIED, WIDOWED, | 21. DATE OF DEATH | |
| Female | White | OR DIVORCE | D (write the word) | October 3Ist, | , 1936 |
| 5a. If married, wido | | 1 11 11 11 11 | 100. | (month) (bay) | (Year) |
| HUSBAND of (or) WIFE of | Late James | Edw. Mo | ooney. | 22. I HEREBY CERTIFY. That I attended | |
| 6 DATE OF RIPTH | (month, day, and year) | 7/4/186 | 7 | I last saw hal alive on Cart 3 / 19 J C | |
| | ears Months | Days | If LESS than | to have occurred on the date stated above, at I . 45 P. M. | |
| | 69 3 | 27 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trade, profe | ession, or particular work done, as SPINNER, | Mana | | | |
| SAWYER | R, BOOKKEEPER, etc business in which | None | | Carcinoma - Chectal | 1934 |
| work wa | as done, as SILK MILL, | X | | | - |
| 10. Date decea | sed last worked at upation (month and | | ime (years) | · · · · · · · · · · · · · · · · · · · | - |
| year) | | ~ | upation | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (| | t wo. | | | |
| (State or cou | | mond. | | | |
| E | 21.20 | moria. | | War Land | |
| (State o | E (city or town) | land. | | Name of operation Date of What test confirmed diagnosis? Classical Was there an | W |
| 15. MAIDEN NA | AME Not Kn | own | | 23. If death was due to external causes (VIOLENCE) fill in also the followin | |
| 15. MAIDEN NA | E (city or town) | | | Accident, suicide, or homicide? Date of injury | • |
| ∑ (State o | r country) | x | | Where did injury occur?(Specify city or town, county and Sta | |
| 17. INFORMANT (Address) | Mrs Harold Xambridge. | | | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | |
| | mbridge Md | Date Nov | r. 2nd ₁₉ 36 | Manner of injury | |
| | Granville | | 4 | 24. Was disease or injury in any way related to occupation of deceased? | no |
| 20. FILED_11- | Cambridge, | Marylan | ee Ok., Registrar. | (Signed) Tale De Deserve | M. D. |
| | If more | blanks are needed, | V | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | ud. |

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| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| MON P | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
|--|------------|---|--------|
| ADDITIONAL SPACE | FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| | | | |
| | | | |

PHYSICIANS should state ECORD. Every item of infor-

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

properly classified.

certificate.

Exact statement of OCCUPA-

V. S. No. 1

Bi

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10316 |
|---|---|
| 1. PLACE OF DEATH | |
| County Doubialin | Registration Dist. No. 116 |
| Village or City Inknowd md. | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mrs Millian Da | If U. S. Veteran, specify WAR |
| (a) Residence: No. Residence: No. (Usual place of abode) | A,St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mya Wallace | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Aug 16 1876 | I last saw herealive on 32 28 , 1934; deeth is said |
| 7. AGE Years Months Oays If LESS than | to heve occurred on the date stated above, et_6_3_0_a_m. |
| 60 / / 5 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | banear glower 5-36 |
| Industry or husiness in which | |
| work wes done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Oate deceased last worked at this occupation (mouth and 1936: spent in this occupation occupation | |
| year) | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Is telling Ityll | |
| (State or country) | |
| 13. NAME Jaby Vanle 14. BIRTHPLACE (city or lown) Allera IIII | |
| 14, BIRTHPLACE (city or fown) (State or country) | Name of operation |
| E 15. MAIOEN NAME Andi has the | What test confirmed diagnosis? Wes there an autopsy? |
| 4 4 1 1 1 1 1 1 | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| State or country) | Where did injury occur? |
| 17. INFORMANT Mrs Anya Punty (Address) Hash but | (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Canadada M. Date C. S., 19.36 | Neture of injury |
| 19. UNDERTAKER Transla E. Alfanga Marines | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 10 - 3, 1936 Jahn mace or | - (Signed) N. H. Larrer M. D. |

(Address) Cancondage 200 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial hephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL | CDACE T | OD DIDTI | TIND OF A TINA | DAIRC DV | DILVCIOLAN |
|------------|---------|----------|----------------|----------|------------|
| ADDITIONAL | SPAUL F | UK FUKII | TER STATEM | ENIS DI | PHISILIAN |



properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| -8 | 0 | 3 | 0 | - |
|-----|----|---|-----|---|
| - 4 | 11 | 3 | - 5 | 1 |
| -8 | V | U | -1 | 0 |

| 1. PLACE | OF DEATH | | | | (23) | |
|--|---|-----------------|---------------------|--|--|--------------------------|
| County | Doro | chester | n | | Registration Dist. No. // | 0 |
| Village o | r City near | Willi | amsbur | g | No | 147-mal |
| Length of | residence in city or | r town where da | eath occurred9 | (If | death occurred in a hospital or institution, give its NAME instead of street 2 ds. How long in U.S. if of foreign birth?yrs | and number) |
| 2. FULL N | IAME Ar | nnie M | Pinde | r | If U. S. Veteran, specify WAR | |
| (a) Resid | dence: NoW_ | illiam | Bburg, (Usual place | Md. R.F. | D. St., Ward. If nonresident give city or town | and State |
| PERSO | DNAL AND | STATISTIC | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEAT | н |
| 3. SEX Female | 4. COLOR O | | OR DIVORCE | RIED, WIDOWED, D (write the word) 1916 | 21. DATE OF DEATH October 3rd. | , 193 6 (Yaar) |
| 5a. If married, wie HUSBAND o (or) WIFE of | dowad, or divorced f | | | | 22. I HEREBY CERTIFY, That I atte | |
| 6 DATE OF RIPT | H (month, day, and | dvan Se | pt. I" | 1927 | | 36; daath is said |
| | Yaars | Months | Days | If LESS than | To have occurred on the date stated above, at 4-20-P. M. | and a series |
| | 9 | I | 5 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca ware as follows: | , |
| 9. Industry work SAW | or businass in wh was dona, as SILK MILL, BANK, etc | ich MILL, | | School | Pulmany Tuleroulos | Date of onset |
| yaar) 12. BIRTHPLACE | ,,, | and | ster Co | | Other Centributary Causes of Importance: | |
| (State or o | | maw Di | | _Md. | | |
| 13. NAME 14. BIRTHPL | And | rew Pi | hester | 00 | | |
| (State | ACE (city or town). a or country) | Dore | nester | Md. | What tast confirmed diagnosis and Deta | 7 |
| 15. MAIDEN | NAME L | | May Wir | | 23. If death was dua to external causas (VIOLENCE) fill in elso the foll | owing: |
| | ACE (city or Iown). or country) | Dor | cheste | CO. | Accidant, suicide, or homicide? Date of injury Whara did injury occur? | , 19 |
| 17. INFORMANT _ (Address) | Wil | liamsbu | Pinde | r. R.F.D. | (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI | d State) C PLACE. |
| | inners I | OVAL | | | Mannar of injuryNatura of injury | |
| 19. UNDERTAKER (Address) | J. J. Fe | Framp | tom & S burg, N | ion. | 24. Was disease or injury in any way related to occupation of deceased if so, specify | 17 |
| 20. FILED / D/ | 5, 1932 | Chas. | WHas | tungs Registrar. | (Signed) And Market (Addrass) Foderals | Ind. M.D. |
| | | If more b | lanks are needed, a | ddress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li li | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis 1936 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | 33 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |



19. UNOERTAKER

(Address)

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 10318 |
|---|--|
| 1. PLACE OF DEATH | The state of the s |
| County Dorchester "1111111 GORPORATE | Registration Dist. No. // 6 |
| Village or City Casulhidge (If | No death occurred in a hospital or institution are its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. If of foraign birth?yrsmosds. |
| 2. FULL NAME ahol Ocobbins | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Market 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That attanded daceasad from |
| 6. DATE OF BIRTH (month, day, and year) 4/9/1935 | i last saw h ATL. alive on O. Clubella f.J., 1936; daath is said |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at ### ############################### |
| 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. | were as follows: Oate of onset Oate of onset O-12-1936 |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last workad at this occupation (month and | |
| 10. Date deceased last worked at this occupation (month and yaar) | |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importance: Contributory Causes of importance: 0-13-1936 |
| II 13. NAME Wat known | |
| 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) | Name of operation demand principle. Oate of 10-13-17-36 What test confirmed diagnosis? Colored Was there an autopsy? |
| 15. MAIOEN NAME Dora Robbecom | 23. If daath was dua to external causes (VIOL ENCE) fill In also the following: |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicida, or homicida? Date of injury, 19 |
| 17. INFORMANT Charles Robbies (Addrass) | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Land Market Market 10/14 1936 | Mannar of injury |
| TO LINNEDTAKED GSLeCante | 24. Was dicassa or injury in any way related to occupation of deceased? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

(Signed)

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| Example T | i | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 1930 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

m

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (10) |
|--|--|
| County Darchester WITHIN CORPO | Registration Dist. No. 116 |
| Village or City Cambridge | No. St., Ward |
| Length of residence in city or town where death occurred P yrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city of town where death occurred 7 4 1/15. | Q & No R o SS direign birth? yrs. mos. ds. |
| 2. FULL NAMEO JULIA 10 560- | 22 Af W. S. Veteran, specify WAR |
| (a) Residence: No. L. J. W. (Usualplace of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (wite the word) | (C) 23 1 193/ |
| 5a. If married, widowed, or divorced husband of | (Month) (Day) (Yes) |
| HUSBAND of Corp. WIFE of | HEREBICERT That attended deceased from |
| 10 P c 1000 | 000000000000000000000000000000000000000 |
| 6. DATE OF BIRTH (month, day, and year) Alf- 9 1881 | |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at |
| Total autority of the second o | were as follows: |
| Trade, profession, or particular kind of work done, as SPINNER, Awyer, BOOKKEPER, etc. | 0 0 0 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL BANK atc. | we of grand |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 11. Total time (years) 2 5 | |
| year) | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Amula Challe | Acrela Gronspelly |
| (State or country) | |
| 13. NAME David Rass 14. BIRTHPLACE (city or town) | ff and a |
| 14. BIRTHPLACE (city or town) | Name of operation. Date of Dat |
| (State of country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME Addit Platines 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homieide Date of injury 79 |
| m-00 P. 88 | Where did Injury occup. (Specify city or town, county and State) |
| 17. INFORMANT (Address) 2 Dominon Clary | Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury 120-112 |
| Place Madeus and Date OV 625, 19 16 | Nature of injury. |
| Lean HBarn | 24. Was disease or Injury III any way related to occupation of deceased. |
| 19. UNDERTAKER CHUS CHUS CHUS CHUS CHUS CHUS CHUS CHUS | Il so, specify |
| 20. FILED 10-23, 136 John mace yr. | (Signed) Tan L Colland M. D. |
| 20. FILED 7 0 20 1956 Registraf. | (Address) land |
| If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | İ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 5 1930 | July 5, 1927 | Peritonitis | 3 days ago |
| PHIREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis " | 1 year |
| | | | |
| | | | |

| allstones | | May 1,1923 | Gastroenteritis | | 1 year |
|-----------|--------------------|------------|---------------------|----------|--------|
| | ADDITIONAL SPACE F | FOR FURTH | ER STATEMENTS BY PI | HYSICIAN | |
| | | | | | |
| | | | | | |

STATE OF MADVI AND CEDTIFICATE OF DEATH

| A A | STATE OF MARTLAND | CERTIFICATE OF DEATH |
|--|--|--|
| infor- state UPA- | 1. PLACE OF DEATH | 2.5 |
| * | County Larchester Co | Registration Dist. No. 716 |
| em of should f OCC | Village or City Jaly all ist Ind | CONO. St. Ward |
| S s it | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| N.N. | Length of rasidance in city or town where death occurredyrsmos | ds. How long in U. S. if of foraign birth?yrsmosds. |
| b. Ever SICIAN tatemen | 2. FULL NAME Milloughby - Shaly | C. G. V. S. Veteran, specify WAR |
| D. Every YSICIAN statement | (a) Residence: No. Taylors Island | Ust., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| PH. Fxact | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| <u></u> | OR DIVORCED (write the word) | Dex. 27 103 L |
| NENT CTL 1 | Mark alanot mida | (Month) (Day) (Year) |
| MANEN A C T I | 5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended dacaasad from |
| MA A A | (OI) WIFE OI | Ock. 1936 to Och 27 1936 |
| BINDIN PERMANI E X A C T y classificate. | 6. DATE OF BIRTH (month, day, and year) May 4 1999 | I last saw h com aliva on Och 22 , 1936; daath is said |
| %] | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 9. Al. m. |
| FOR B) IS A PE stated E properly certificate | 39 5 7 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: |
| - 70 | Trada, profession, or particular kind of work done, as SPINNER, Labour SAWYER, BOOKKEEPER, etc. | Date of onset |
| HIS be be of | CAWYER, BOOKKEEPER, etc. | Blateral Julianary |
| RESERVED G INK—THIS GE should be that it may be ins on back of | kind of work done, as SPINNER, ANYER, BOOKKEEPER, etc. Judustry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at (4 mat) 11. Total time (years) 2.0 this occupation (most) and | Tuker culoris runken |
| SEF INK- sho it n | SAW MILL, BANK, etc | |
| RESE VG INI AGE sh that it ons on | 10. Date deceased last worked at 12 notation (years) 20 this occupation (month and year) occupation | |
| Z | mauland | Other Contributory Causes of importanca: |
| ARGIN JNFADIN pplied. // terms, so instruction | 12. BIRTHPLACE (city or town)/ V U U U U U U U U U U U U U U U U U U | |
| MARGI Fr. UNFA illy supplied plain terms, | 13. NAME MA: Moughbon Shaesh | |
| Al Upp ter ter in in | I CONTRACTOR OF THE PROPERTY O | |
| O | I4. BIRTHPLACE (city or town) (Stala or country) | What test confirmed diagnosis There are autons 2200 |
| Y, WI carefully H in pla | 15. MAIDEN NAME SUSYN & CAROLI | |
| be carefu EATH in j | I I | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| be can EATH import | 16. BIRTHPLACE (city or town) 16. State or country) | Accident, suicida, or homicide? |
| | 10.01011 0 11 11/2 | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 3 PLA should OF DI | 17. INFORMANT CALLY Control of Chestel | |
| Shoul Ver | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| | Placa Call of Tour Date Col 19 | Natura of injury |
| -WRITE mation s CAUSE TION is | Geril ARmanles | 24. Was disaase or injury in any way ralated to occupation of deceasad? |
| T T E O H | 19. UNDERTAKER LUMB TO Caryner (Address) Camber Nat | If so, spacify |
| V. S. No. | 2 2/2/1 4 0. | (Signad) I S. Mereud M.D. |
| » ż | 20. FILED 10-30, 10 6 Cycles Mace Registrar. | (Address) Camberian Med |
| | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 wear

MARGIN RESERVED FOR BINDING

Fxact statement of OCCUPA.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 3 | 0 | 0 | 63 | - |
|---|---|----|----|---|
| 1 | 0 | .5 | 1 | Ł |

| 1. PLACE OF DEATH | 100.01 |
|---|---|
| County & orcharles | Registration Dist. No. FCO |
| | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mas America America | if U. S. Veteran, specify WAR |
| (a) Residence: No. Multipliace of abody) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced | 21. DATE OF DEATH / 0 2 2 193 6 (Month) (Day) (Year) |
| HUSBAND OF GOT WIFE OF Y.). Smith | 22. I HEREBY CERTIFY, That I attended deceased from 10 / 1, 1936, to / 0/5-, 1936; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) | The presumation was hypostratia, and bronchial in type auto R. Other Contributory Causes of importance: |
| f2. BIRTHPLACE (city or town) (State or country) (5. 13. NAME | |
| f3. NAME f4. BIRTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place That direct had Date Of 25, 1936 | Manner of injury |
| 19. UNDERTAKER Frank & Albands. 20. FILED (CT 23, 1936 Chera W Hoslings. Reflicter. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) |

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| Example I | l | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chamin interestitial and Land | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 6 1996 | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended decease M. V. O. 193. C., to | |
|--|-------------|
| Village or City Near Hearth (If death occurred in a horpital or institution, give its NAME instead of street and number, length of residence in city or fown where death occurred yrs, mos. ds. How long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. (baual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Macl 4. COLOR OR RACE OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or marking the word of the w | |
| Length of residence in city or fown where death occurred yrs ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos ds. How long in U.S. If of foreign birth? yrs, mos description | Ward |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX WALL 4. COLOR OR RACE LOUR OR RACE LOUR OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hirs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Qate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Man Humber 1. The PRINCIPAL Causes of importance: 12. BIRTHPLACE (city or town) Man Humber 1. Other Centributory Causes of importance: | |
| 3. SEX Male 4. COLOR OR RACE Color | |
| Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended decease My / O 193 C, to 193 C; death to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Other Centributory Causes of importance: | |
| HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended decease I M M (or) MIRE of Months (or) WIFE of | 3 6 ear) |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. Solution of the date stated above, at mere as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Grade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Qate deceased last worked at this occupation (month and year) Other Centributory Causes of importance: | d from |
| 2 I day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | is said |
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| year) Other Centributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) Mon Hundry Causes of importance: | |
| | |
| | |
| I4. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Was there an autonsy | |
| 15. MAIDEN NAME 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) 14 15 16. BIRTHPLACE (city or town) 15 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Barter 18. Birthplace (city or town) 18. Birthplace | |
| (Address) Hunting and | |
| 18. BURIAL, CREMATION, OF REMOVAL Place Manuel of Injury Nature of injury Nature of injury | |
| 19. UNDERTAKER Clemon parter of the state of | |
| 20. FILED/V/15 , 1936 Musk Hastway (Signed) J. H. gla Magara (Address) How May Magara (Address) How May | M. D |

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TARGIN RESERVED FOR BINDING

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

stated

AGE should be

supplied.

mation should be carefully

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

S. No. 1

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| | Example I | il | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were | The second of th | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial net | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | NOV 6 1936 | July 5, 1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTH | HER STATEMENTS BY PHYSICIAN |
|----------------------------|-----------------------------|
|----------------------------|-----------------------------|

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| · | | L. Company | |
| 5 | | | |
| Other contributory causes of importance: | (a) | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

INDEX TWICE

TWO NAMES

ALIAS DOC. LITTLE (?)

(JAMES E. STERLING)



STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH item of pluods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?____ SICIANS statement 2. FULL NAME If U. S. Veteran, specify WAR, If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) PERMANENT (Month) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY. That leattended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than 1 day.____hrs CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ THIS. OCCUPATION may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 14. BIRTHPLACE (city or town). (State or country) carefully MOTHER 15. MAIDEN NAME very important. 3. If death was due to external causes (VIOLENCE) fill in also the following ï Accident, suicide, or homicide DEATH 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?. pe (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. mation should 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of infury _ AUSE LION 19. UNDERTAKER (Address) If so, specify

(Year)

Date of onset

(Day)

Signed Regil If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1 |

TARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state of OCCUPAitem of infor-Exact statement stated EXACTLY. IS A PERMANENT classified. certificate. properly WITH UNFADING INK-THIS AGE should be Jo See instructions on back CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully TION is very important. -WRITE PLAINLY, N. B.

CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10325 |
|---|--|
| 1. PLACE OF DEATH | (8) |
| County Oorchester ANTHIN CORPORAT | Registration Dist. No. 1/6 |
| Village or City | No. St Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town whera death occurredmosmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME J. Hater Thomas | If U. S. Veteran, specify WAR |
| (a) Residence: No. 20 2 Oakle st | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 2 , 193 6 (Month) (Day) (Yeer) |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth These | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 37 2- / 1862 | I last saw h |
| 7. AGE Years Months Days If LESS than 1 dayhrs. | to have occurred on tha data stated above, etm. |
| 74 6 12 1 ady,min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera es follows: |
| Jreda, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. radustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | No recent cerebral hemorphage coff R. Right hemisleary the result of magazised |
| 10. Date deceased last worked at of 126 this occupation (month and year) | bloodsolots from frosters of skull ten years |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importence: |
| (Stata or country) | Reply hemplified: Duration: |
| 13. NAME Accid Thereis | tout reason. |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of operation Two Date of |
| 14. BIRTHPLACE (city or town) (State or country) | |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME See See See Spelish 16. BIRTHPLACE (city or town) (State or country) | 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT AD Elizabeth Lac (Address) | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car | Date of onset 1 week ago |
|--|--|
| | I ween ago |
| Run over by street cur | 1 week ago |
| Peritonitis | 3 days ago |
| Other contributory causes of importance: Gastroenteritis | 1 year |
| | Other contributory causes of importance: |

should state

PHYSICIANS

AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

properly classified. Exact statement of OCCUPA-

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10326 |
|--|--|
| 1. PLACE OF DEATH | (A) |
| County Aorebectic | Registration Dist. No. 119 |
| Village or City Wilast | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Bales Told | |
| (a) Residence: No. Wiskenste, Luff | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HU3BAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 1 DATE OF DIRTH (| I last saw h |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| fell bozz 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | hematier berth Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 3 movetis incles |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | |
| 10. Date deceased last worked at this occupation (month and year) | |
| year) occupation | Other Contributory Causes of importance; |
| 12. BIRTHPLACE (city or town) Mugat | Julies Continued Courses of Hilliportaines |
| (State or country) Arelifecting loss his | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME PLAGE | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME MARINE 16. BIRTHPLACE (city or town) A. M. | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT MARCHANT (Address) | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Wingates Ind Date Oct 18, 1936 | Nature of injury |
| 19. UNDERTAKER Tillis Irdd (Father) | 24. Was disease or Injury In any way related to occupation of deceased? |
| (Address) Wingatio | If so, specify |
| 20. FILED Let 18, 1936 Wilson & Britchel | (Signed) M. D. |
| Registrar. | (Address) Managenty W. |

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|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| THE SAU V. S. | 3. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| MARGIN | |

V. S. No. 1

| | | edyrsmo | No. Cambridge Md. Hosp., St., St., St., St., St., St., St., St | |
|---------------|--|---|--|------------|
| 2 | (a) Residence: No. Bishops He | ad, Md., | St., Ward. If nonresident give city or town and State | |
| 3. S | | E, MARRIED, WIDOWED, VORCED (write the word) | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Oct. 1st (Month) (Day) | 6 Year) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY, That I attended decease Oct. 1st | |
| 7. / | | st, 1936 ys If LESS than 1 day,hrs. ormin. | to heve occurred on the date steted above, et still born The PRINCIPAL CAUSE OF DEATH and related causes of importance | th is |
| OCCUPATION | 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Totel time (years) spent in this occupation | 4 month abortion (Cause unknown) | |
| 12. | BIRTHPLACE (city or town) Cambrid (State or country) Marylar | ge, | Other Coutributory Causes of importance: | |
| FATHER | 13. NAME Watson 14. BIRTHPLACE (city or town) Marylar (State or country) Marylar | Wallace | Name of operation None Dete of What test confirmed diagnosis? Clinical Was there an autops | - IV |
| 00 | 15. MAIDEN NAME | Meredith | 23. If deeth wes due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? | |
| MOTHER 12. | 16. BIRTHPLACE (city or town) Marytan (Stete or country) Mrs. Martie V (Address) Bishops Head. | lallace | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial hephritis INV 5 1036 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURPAU V. S. | | | |
| Other contributory causes of importance: | 4-1-4-71 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| (TA | infor- state UPA. |
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| W | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECEAL. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| (S) | Every i |
| MARGIN RESERVED FOR BINDING | HYSIC t state |
| 1 | T KEC Y. F Exac |
| DING | ANENA CTL |
| BINI | PERM EX/ ely clarate. |
| FOR | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. |
| VED | THIS Id be ny be ck of |
| SER | INK—shou |
| RE | AGE o that |
| RGI | NFAD plied. rms, s nstruc |
| MA | y sup ain te See i |
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| V. S. No. 1 | B.—v m² C./ |
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| 2. FULL NAME Stillborn Infant Wallace # 2 If U. S. Veteran, specify WAR (a) Residence: No. Bishops Head, Md., St., Ward. | |
|--|---------|
| (a) Residence: No. Bishops Head, Md., St., Ward. | _Ward |
| (Usual place of abode) If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE Unde termine thite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE (Month) (Day) (Ye | er) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single 22. I HEREBY CERTIFY. That I attended decease ct. 1st | |
| 6. DATE OF BIRTH (month, day, end year) Oct. 1st, 1936 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. Stillborn Stillborn 1, 19 ; deeth to have occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: | is said |
| 8. Trade, profession, or perticular kind of work dome, as SPINNER, SAWYER, BDOKKEEPER, etc | |
| 12. BIRTHPLACE (city or town) Cambridge, (State or country) Maryland. Other Contributory Causes of importance: | |
| 13. NAME Watson Wallace 14. BIRTHPLACE (city or town) Bishops Head, Name of operation None Dete of Whet test confirmed diagnosis? Clinical Westhere en autored. | Ω |
| 15. MAIDEN NAME Mattie Meredith 16. BIRTHPLACE (city or town) (Stete or country) Maryland. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) |) |
| 17. INFORMANT Mattie Wallace Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) BISHOPS Heda, Md., 18. BURIAL, CREMATION, OR REMOVAL | |
| Plece Disposed of at Date 10/1/36, 19 Nature of injury Cambridge MarylandHospital 19. UNDERTAKER Cambridge, aryland. (Address) Nature of injury 24. Was disease or injury in any wey related to occupation of deceesed? If so, specify | |
| 20. FILED 10/2/36, 19 Registrar. (Signed) Cambridge, Maryland. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | _M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not 'gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage NOV 5 1333 | July 5, 1927 | Perilonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | • |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County Worchesler | Registration Dist. No. // |
| Village or City Harlo | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs,mos | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Still 1800 | Holfelf U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Stell form Oct, 6 (Month) (Day) (Year) |
| 5e. If married, widowed, or divorced HUSBAND of | 22. HEREBY CEBTIFY, Thet I ettended deceased from . |
| (or) WIFE of | O C C 195 O to 195 |
| 6. DATE OF BIRTH (month, day, and year) Det 1936 | I lest saw h elive on, 19; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, atm. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc. | Date of older |
| 9. Industry or business in which | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased lest worked at this occupation (month end year) | |
| 2 0 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME aller Wolfe | |
| 13. NAME Wellius Wolfe 14. BIRTHPLACE (city or town) | Name of operation. |
| (State or country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME O Sua Vockeshi | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide?Date of injury, 19 |
| (Stete or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT William (Address) Aurera (A | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place The flourity Date Color 8 1981 | Nature of injury |
| 19. UNDERTAKER D. Surbours | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Oct 6, 1936 Than IV Husburg. Registrar. | (Signed) M. D. |
| And the second s | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 11 | Example II | |
|-----------------------|--|--|---|
| | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| DEPENED | 1915 | Attack of epilepsy | 1 week ago |
| phritis | 1921 | Run over by street car | 1 week ago |
| NOV 6 1938 | July 5,1927 | Peritonitis | 3 days ago |
| RUREAU V. S. | | | |
| causes of importance: | | Other contributory causes of importance: | |
| | May 1,1923 | Gastroenteritis | 1 year |
| | | The state of the s | |
| | of death and related causes as follows: hrilis NOV 6 1936 | of death and related causes as follows: 1915 1921 1921 1925 1921 1925 1921 1925 1925 | of death and related causes of importance were as follows: 1915 Attack of epilepsy NOV 6 1936 July 5, 1927 Peritonitis Other contributory causes of importance: |